

Candidate  
REPORT OF RECEIPTS AND DISBURSEMENTS  
2010 Non-Judicial ElectionRECEIVED  
JAN 28 2011Secretary of State  
Capitol Office  
DATESTAMPName of Candidate Mark A. DeVallAddress 1566 Mantachie Creek Rd.Telephone (662) 282-7535 Fax \_\_\_\_\_Contact Name Mark A. DeVall Email mdevall@hose.ms.govOffice Sought State Representative Dist. 19 Political Party Democratic☐ Check here if above is different from previous report

## TYPE OF REPORT

- \_\_\_\_ May 25, 2010 Pre-Election Report (January 1, 2010, through May 22, 2010).....Mandatory
- \_\_\_\_ June 15, 2010 Pre-Runoff Report (May 23, 2010, through June 12, 2010).....Runoff Candidates
- \_\_\_\_ October 26, 2010 Pre-General Report (May 23, 2010, through October 23, 2010).....All Candidates
- \_\_\_\_ November 16, 2010 Pre-Runoff Report (October 24, 2010, through November 13, 2010).....Runoff Candidates
- X** January 31, 2011 Annual Report (January 1, 2010, through December 31, 2010).....All Candidates and Political Committees

\_\_\_\_ Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) Required to terminate reporting obligations

## IMPORTANT

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

## REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	Itemized + Non-itemized =	This Period	Calendar Year-To-Date
Total amount of contributions	<del>\$3,200.00</del> + \$5,223.17	\$ 8,423.17	\$ 8,423.17
Total amount of disbursements	\$1,734.01 + \$467.09	\$ 2,201.10	\$ 2,201.10
Total amount of cash on hand		\$ 7,238.56	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Mark A. DeVall  
Signature of CandidateJan 28<sup>th</sup>, 2011  
Date

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO: 1. Candidates for Statewide, State district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P. O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2819.

2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee Mark A O'Vall  
 Reporting period Jan. 1, 2010 through Dec. 31, 2010

## ITEMIZED DISBURSEMENTS

A. Full name <u>The County Shopper / Belmont Journal</u>	Date (Mo., Day, Year) <u>5/25/10</u>	Amount of each disbursement this period \$ <u>195.00</u>
Mailing Address <u>P.O. Box 70</u>	<u>9/14/10</u>	\$ <u>120.00</u>
City, State, Zip Code <u>Belmont, MS 38827</u>		
Purpose of Disbursement (Optional) <u>advertisements in papers</u>	Aggregate Year-to-date	\$ <u>315.00</u>
B. Full name <u>Texas Pete - Garner / Green mtn.</u>	Date (Mo., Day, Year) <u>6/8/10</u>	Amount of each disbursement this period \$ <u>277.26</u>
Mailing Address <u>Winston-Salem, NC</u>	<u>1/1/10</u>	\$
City, State, Zip Code		
Purpose of Disbursement (Optional) <u>hot sauce for distribution</u>	Aggregate Year-to-date	\$ <u>277.26</u>
C. Full name <u>Don Collier</u>	Date (Mo., Day, Year) <u>11/3/10</u>	Amount of each disbursement this period \$ <u>300.00</u>
Mailing Address <u>4463 Hwy 17B</u>	<u>1/1/10</u>	\$
City, State, Zip Code <u>Fulton, MS 38843</u>		
Purpose of Disbursement (Optional) <u>plaques for seniors</u>	Aggregate Year-to-date	\$ <u>300.00</u>
D. Full name <u>Clear Channel Radio</u>	Date (Mo., Day, Year) <u>11/26/10</u>	Amount of each disbursement this period \$ <u>225.00</u>
Mailing Address <u>P.O. Box 31999</u>	<u>1/1/10</u>	\$
City, State, Zip Code <u>Jackson, MS 39206</u>		
Purpose of Disbursement (Optional) <u>Christmas message on WBVV</u>	Aggregate Year-to-date	\$ <u>225.00</u>
E. Full name <u>Tupelo Radio Broadcasting</u>	Date (Mo., Day, Year) <u>11/26/10</u>	Amount of each disbursement this period \$ <u>295.00</u>
Mailing Address <u>5026 Cliff Gookin Blvd.</u>	<u>1/1/10</u>	\$
City, State, Zip Code <u>Tupelo, MS 38801</u>		
Purpose of Disbursement (Optional) <u>Christmas message on KZ103 &amp; Wjzz 106</u>	Aggregate Year-to-date	\$ <u>295.00</u>
F. Full name <u>Transport Trailer Service, Inc.</u>	Date (Mo., Day, Year) <u>12/8/10</u>	Amount of each disbursement this period \$ <u>321.75</u>
Mailing Address <u>P.O. Box 7006</u>	<u>1/1/10</u>	\$
City, State, Zip Code <u>Tupelo, MS 38802</u>		
Purpose of Disbursement (Optional) <u>for window decals</u>	Aggregate Year-to-date	\$ <u>321.75</u>

Name of Candidate or Committee Mark A. DuVal Page 1 of 2  
 Reporting period Jan 1st, 2010 through Dec 31st, 2010

## ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Action Committee for Rural Electrification</u>	<u>21510</u>	\$ <u>500.00</u>
Mailing Address <u>P.O. Box 3300</u>	<u>1212710</u>	\$ <u>200.00</u>
City, State, Zip Code <u>Ridgeland, MS 39158</u>	<u>11</u>	\$
Name of Employer (Required) <u>Electric Power Association of MS</u>	<u>11</u>	\$
Occupation (Required) <u>Electric Service</u>	Aggregate year-to-date	\$ <u>700.00</u>
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Comcast Corporation</u>	<u>21510</u>	\$ <u>200.00</u>
Mailing Address <u>One Comcast Center</u>	<u>11</u>	\$
City, State, Zip Code <u>Philadelphia, PA 19103</u>	<u>11</u>	\$
Name of Employer (Required) <u>Comcast Corporation</u>	<u>11</u>	\$
Occupation (Required) <u>Cable/Internet</u>	Aggregate year-to-date	\$ <u>200.00</u>
C. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>AT&amp;T PAC</u>	<u>111710</u>	\$ <u>500.00</u>
Mailing Address <u>175 E. Capitol St. - 702 LMC</u>	<u>11</u>	\$
City, State, Zip Code <u>Jackson, MS 39201</u>	<u>11</u>	\$
Name of Employer (Required) <u>AT&amp;T Inc.</u>	<u>11</u>	\$
Occupation (Required) <u>Phone company employees</u>	Aggregate year-to-date	\$ <u>500.00</u>
D. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>AstraZeneca Pharmaceuticals</u>	<u>111710</u>	\$ <u>350.00</u>
Mailing Address <u>7516 Jannette St.</u>	<u>11</u>	\$
City, State, Zip Code <u>New Orleans, LA 70118</u>	<u>11</u>	\$
Name of Employer (Required) <u>AstraZeneca Pharmaceuticals LP</u>	<u>11</u>	\$
Occupation (Required) <u>pharmaceutical company</u>	Aggregate year-to-date	\$ <u>350.00</u>

Name of Candidate or Committee

Mark A. DeVall

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of

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Reporting period

Jan 1<sup>st</sup>, 2010

through

Dec. 31<sup>st</sup>, 2010

## ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Grand Western Railroad		11/17/10	\$ 250.00
Mailing Address P.O. Box 5025		__/__/__	\$
City, State, Zip Code Troy MI 48007		__/__/__	\$
Name of Employer (Required) Grand Western Railroad		__/__/__	\$
Occupation (Required) rail road company		Aggregate year-to-date	\$ 250.00
B. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name ATMOS Energy PAC		12/22/10	\$ 500.00
Mailing Address P.O. Box 650205		__/__/__	\$
City, State, Zip Code Dallas TX 75265		__/__/__	\$
Name of Employer (Required) ATMOS Energy		__/__/__	\$
Occupation (Required) Natural Gas Company		Aggregate year-to-date	\$ 500.00
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Lula Montgomery		12/22/10	\$ 500.00
Mailing Address P.O. Box 37		__/__/__	\$
City, State, Zip Code Fulton MS 38843		__/__/__	\$
Name of Employer (Required) Montgomery Enterprises, Inc.		__/__/__	\$
Occupation (Required) Owner		Aggregate year-to-date	\$ 500.00
D. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name MS Agents & Employee PAC		12/27/10	\$ 200.00
Mailing Address P.O. Box 39		__/__/__	\$
City, State, Zip Code Olive Branch MS 38654		__/__/__	\$
Name of Employer (Required) MAE - PAC		__/__/__	\$
Occupation (Required)		Aggregate year-to-date	\$ 200.00